

INSTRUCTIONS TO COMPLETE THE ICF/MR TRACKING FORM

The purpose of the ICF/MR Tracking Form is to notify the Nevada Medicaid Office staff of any facility admission, discharge or death for Medicaid eligible recipients. The information provided on this form will initiate and/or update the system with necessary information so the facility may bill for services.

The facility must submit the completed form within 72 hours of any admission, re-admission, new eligibility or retroactive eligibility determination, discharge, death, or transfer.

1. Complete the recipient's demographic information at the top of the form. The recipient's name, Medicaid billing number, Social Security number, and date of birth must match Medicaid and Social Security records. Refer to the recipient's Medicaid card, Eligibility Notice of Decision or access the Electronic Verification System (EVS) to verify.

2. Section I: Indicate the Provider's Facility name and Provider Number.

Indicate the date the resident was admitted to the facility.

Indicate where the resident was admitted from and the dates of stay.

Indicate the reason for payment request by checking the appropriate box.

Check the box if the required attachments are included.

3. Section II: Indicate the Discharge date.

Check the appropriate box indicating where the resident was discharged to.

This form may be downloaded for your convenience. The completed form may be transmitted to our web site at www.dhcfp.state.nv.us or when mailing with attachments to: 1100 E. William Street, Suite 102, Carson City, NV 89701. For questions regarding this form, please contact Nevada Medicaid, Continuum of Care Unit, at (775) 684-3766.